

FILED MAY 2 1953

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14657 State File No.

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY JACKSON (Brookings)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RAYTOWN - RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RAYTOWN - RURAL (Brookings)	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. # 2 - CURTIS ROAD		d. STREET ADDRESS (If rural, give location) R. R. # 2 - CURTIS ROAD	

3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) BELLE c. (Last) HOILE		4. DATE OF DEATH (Month) (Day) (Year) APRIL 19 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 29 1875
9. AGE (In years last birthday) 77		10. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) JEWEL COUNTY, KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME STEPHEN R. PUCKETT	

13. MOTHER'S MAIDEN NAME MARY RICH		14. NAME OF HUSBAND OR WIFE JOHN M. HOILE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME JOHN M. HOILE		18. ADDRESS CURTIS ROAD R. # 2 RAYTOWN MISSOURI	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last...		DUE TO (b) Cerebral arteriosclerosis	
DUE TO (c) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 18, 1953**, to **April 19, 1953** that I last saw the deceased alive on **April 19, 1953** and that death occurred at **9:50 P. m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Jess D. Green Jr. M.D.		23b. ADDRESS Raytown, Mo		23c. DATE SIGNED 4-20-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 22 1953		24c. NAME OF CEMETERY OR CREMATORY FLORENCE HILLS CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer		25b. ADDRESS 1331 BAYSHORE KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 4-22-53		REGISTRAR'S SIGNATURE James O. Dalg...		554	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Edward M. Storey

Licensed Embalmer No. *4452*

P. O. Address *K. C. Ma...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.